



District of Columbia Health Information Exchange Policy Board Meeting

Thursday, September 21, 2017
3:00 PM – 5:00 PM

Location:
One Judiciary Square
441 4th Street, NW
Main St. Conference Room, 10th Floor
Washington, DC 20001

Board Members (Invitees):

Members present (7): Erin Holve (DC Department of Health Care Finance) – *Board Chair*; Donna Ramos-Johnson (DC Primary Care Association) - *Board Vice Chair*; Brady Birdsong (DC Department of Behavioral Health); Angela Diop, ND (Unity Health Care, Inc.); Jay Melder (Office of Deputy Mayor for Health and Human Services); Pete Stoessel (AmeriHealth); Claudia Schlosberg (DC Department of Health Care Finance)

Members present via teleconference (8): Anderson Andrews - designee on behalf of LaQuandra Nesbitt, MD (DC Department of Health); Kelly Cronin (The Office of National Coordinator); Victor Freeman, MD (JA Thomas & Associates); Zach (Aaron) Hettinger (National Center for Human Factors in Healthcare/MedStar); Mary Jones-Bryant, RN (District of Columbia Nurses Association); Justin J. Palmer, MPA (DC Hospital Association); Alison Rein (AcademyHealth); James Turner (Health IT Now Coalition)

Members absent (6): Edwin Chapman, MD (Private Practice and Leadership Council for Healthy Communities); Dena Hasan (DC Department of Human Services); Brian Jacobs, MD (Children’s National Medical Center); Barney Krucoff (DC Office of the Chief Technology Officer); Brian Sivak (Robert Wood Johnson Foundation and Civic Hall); Eliot Sorel, MD (Medical Society of the District of Columbia)

DHCF/HCRIA/HIE Staff present (3): DaShawn Groves; Noah Smith; Deniz Soyer

Guests (6): Leliveld “Lee” Emeni (Zane Networks); Nicole Kemper (Clinovations GovHealth); Hank Rogers (Clinovations GovHealth), Anita Samarth (Clinovations GovHealth); Raakhee Sharma (DC Primary Care Association); Alison Viola (Kaiser Permanente Information Technology)

AGENDA

**Call to Order, Roll Call &
Announcement of Quorum**
[3:00 - 3:05 PM]

Board Chair, Dr. Holve, called the meeting to order at 3:05 PM.

Dr. Holve announced quorum at 3:05 PM.

Dr. Holve notified the Board that the meeting was being recorded.

<p><u>Approval of July 20, 2017 HIE Policy Board Meeting Minutes</u></p> <p><u>Approval of August 24, 2017 HIE Policy Board Special Session Minutes</u></p> <p>[3:05 – 3:10 PM]</p>	<p>Board Action: Motion was made by Mr. Turner to approve the minutes for the July HIE Policy Board meeting. The motion was seconded by Ms. Ramos-Johnson. The motion was passed unanimously.</p> <p>Board Action: Motion was made by Mr. Turner to approve the minutes for the August HIE Policy Board special meeting session on sustainability. The motion was seconded by Ms. Ramos-Johnson. The motion was passed unanimously.</p>
<p><u>DHCF HIT/HIE Staff Reports</u></p> <p>[3:10 - 3:20 PM]</p> <ul style="list-style-type: none"> • Sustainability Subcommittee Update • Designation Subcommittee Update • Medicaid EHR Incentive Program (MEIP) Update 	<p>Mr. Smith provided updates on the FY17 Board activities and deliverables. As described in these deliverables, the Board will review a core set of use cases and discuss proposed projects that may be included in the FY18/19 Implementation Advanced Planning Document (IAPD) request for CMS 90/10 funding. Mr. Smith stated that the Board would focus on a developing both a high-level and a long-term stakeholder engagement plan in the next calendar year.</p> <p>Mr. Smith provided an overview of the Board’s main activities for this meeting, which includes providing initial feedback on draft health IT and HIE goals, discussing and providing feedback on HIE use cases, and reviewing and prioritizing 2018/19 IAPD project requests.</p> <p>Ms. Soyer provided an update on the work of the HIE Designation Subcommittee, which has met seven times since March 2017. Ms. Soyer reminded the Board of the mission of the subcommittee, which is to provide recommendations to DHCF regarding the establishment of a formal designation process for HIEs operating in the District. She stated that the Subcommittee reviewed several other states’ approaches to HIE designation and ultimately decided to use the Maryland regulations as a foundation for the District’s regulations. The current draft of the rule, which defines a formal two-step registration and designation process, includes finalized definitions of the DC HIE, designated HIE entities, and registered HIE entities. Ms. Soyer stated that DHCF staff is currently revising the draft rules to ensure that privacy and security requirements are clearly defined.</p> <p>Ms. Soyer reviewed the vision of the two-step registration and designation process stating that registered HIE entities would be eligible to receive sub-awards from designated awards and registration is meant to reinforce public trust in health information exchange. Only designated HIE entities would be eligible to receive DHCF grant funding and awards to develop, operate or maintain DC HIE infrastructure for a duration to be determined by DHCF.</p> <p>Ms. Soyer briefly updated the board on sustainability subcommittee activities. Although the subcommittee has not met for several months, outreach activities to understand the current state of the District health IT environment and its needs have been conducted to lay the groundwork for much of the sustainability planning work to be done.</p> <p>Mr. Smith provided an overview of the District’s Medicaid EHR Incentive Program (DC MEIP) activities over the summer. He stated that Program Year 2016 ended August 31, which lasted 8 months longer than originally anticipated. However, Mr. Smith stated that the Program Year 2016 extension provided the opportunities to conduct targeted outreach, working closely with the DC Primary Care Association, which resulted in the enrollment of 118 providers to the DC</p>

	<p>MEIP. Overall enrollment in the program is up 46% from Program Year 2015. Next year's outreach focus will be to assist providers in achieving meaningful use requirements and adopting HIE tools. Dr. Holve added that activities will also include gaining a better understanding of the District's level of connectivity and network of providers.</p>
<p><u>Technical Assistance and Outreach Lessons and Opportunities</u> [3:20 - 3:30 PM]</p>	<p>Ms. Sharma, project manager, from the DC Primary Care Association's eHealthDC team, introduced technical assistance lead, Mr. Emeni, and provided quick overview of the MEIP outreach efforts, lessons learned from the base year of its five-year contracted technical assistance and outreach work for DHCF, and its technical assistance goals for the upcoming fiscal year.</p> <p>Ms. Sharma stated that during the contract's base year, from March 15, 2017 to September 30, 2017, eHealthDC's goals was to identify new MEIP providers and offer technical assistance for the adoption of electronic health records and support successful attestation through the DC State Level Registry (SLR) to earn MEIP incentive payments. Ms. Sharma reviewed eHealthDC and DHCF's outreach prioritization criteria that was based on Medicaid claims volume and size of practice. Ms. Sharma reviewed eHealthDC's multi-tiered strategy to outreach, which included a variety of activities (email blasts, call center for contacting over 800 providers, in-person drop-ins, presentations to provider groups, and partnered with DHCF to mail letters to Medicaid providers). Ms. Sharma stated that on average it took outreach teams 3-4 touches per provider before reaching a decision-maker for practices.</p> <p>Ms. Sharma reviewed technical assistance opportunities for FY18. Technical assistance will focus on assisting providers to achieve meaningful use requirements and practice transformation efforts, such as HIE tools utilization and resulting clinical and administrative workflow redesign. Ms. Sharma also reviewed potential outreach and education opportunities, including community partnerships, webinars, and an HIE summit.</p> <p>The Board briefly discussed the importance of patient portals and making them more engaging. The Board also discussed the role of patient education and messaging as an important activity for achieving meaningful use. Dr. Holve suggested that the Board have a conversation in 2018 surrounding telehealth use and how it can fit into reimbursement strategies.</p> <p>Ms. Sharma also described opportunities at upcoming outreach events and opportunities for partnerships, including MedChi and Medical Society of DC. She stated that eHealthDC will continue its partnership with MCOs, conduct a series of seminars targeting office managers and providers, and engage with peer providers to discuss opportunities for identifying and collaborating with providers who might benefit from TA services. Ms. Diop stated that the technical assistance services have been very helpful for Unity's providers. Dr. Holve stated that targeting and engaging independent providers in Wards 7 and 8 was a major accomplishment for TA and outreach activities.</p>
<p><u>SMHP Update and Initial Feedback on Draft HIT/HIE Goals</u> [3:30 - 3:45 PM]</p>	<p>Ms. Samarth provided quick overview of SMHP progress and interviews/focus groups conducted. Ms. Samarth provided an overview of today's health IT and information exchange challenges, which informed the development of DHCF's health IT and HIE goals. Ms. Samarth provided an overview of the health IT and</p>

	<p>HIE goals that have been developed in alignment with the DHCF Health Care Reform team's four guiding principles: 1) expand access to care; 2) improve quality of care; 3) promote health equity; and 4) enhance value and efficiency of care.</p> <p>Ms. Samarth reviewed the first health IT goal, which is to leverage health IT and HIE to expand access to care. This includes increasing provider adoption of EHRs and HIE to expand virtual networks of providers in the District, using health IT to electronically identify providers and networks of providers serving District residents, increasing the number of virtual care teams that are electronically connected to support integrated care, and increase the number of patients that engage with their care team using technology.</p> <p>Ms. Samarth reviewed the second health IT goal, which is to leverage health IT and HIE to improve quality of care. This includes ensuring electronic documentation of high-quality health-related data across the District, improving care coordination and transitions of care, and increasing the use of Health IT and HIE tools to support provider efforts to achieve quality program targets and to reduce reporting burden.</p> <p>Ms. Samarth reviewed the third health IT goal, which is to leverage health IT and HIE to promote health equity. This includes accessing health-related information to support interventions that reduce disparities in health outcomes for identified priority populations and collecting and exchanging consistent information on social determinants of health. Ms. Samarth reviewed the fourth health IT goal, which is to leverage health IT and HIE to enhance value and efficiency by integrating information across clinical, behavioral, community, public health, and payer resources.</p>
<p><u>Discuss Use Cases and 2018/19 IAPD Project Prioritization</u> [3:45-4:45 PM]</p> <ul style="list-style-type: none"> • Presentation of Use Cases and Proposed 2018/19 IAPD Projects • Review Project Prioritization Framework for IAPD • Prioritize IAPD Projects 	<p>Ms. Samarth reviewed the Board's feedback from its August special session on sustainability, during which the Board participated in discussions to review findings from stakeholder outreach interviews and focus groups. The Board had requested that data needs be defined within and outside of clinical encounters and for DHCF to clearly articulate the value proposition of the health IT to the patient. Ms. Samarth reviewed focus areas based on the Board's feedback, including the importance of collecting patient perspectives, data to support transitions of care, and the need to develop a consensus on standards for social determinants of health data.</p> <p>Ms. Samarth provided an overview of use cases that have been developed based on stakeholder feedback: 1) ease transitions of care through summary records exchange; 2) collect and exchange social determinants of health information; 3) analytics for population health and value-based care; and 4) expand public health connectivity.</p> <p>Ms. Samarth stated that the stakeholder needs assessment and guiding principles were used to develop DHCF's draft health IT and HIE goals as well as to identify use cases. From there, specific projects were identified that could enable each use case and help meet DHCF's goals. Internal and HIEPB prioritization of projects would be used to develop 90/10 IAPD requests.</p> <p>Ms. Samarth reviewed each use case in detail, including which stakeholders it would affect, problems that stakeholders are encountering, and projects or tools that would support exchange and use.</p>

	<p>Ms. Samarth asked the Board to review and help prioritize proposed IAPD projects based project impact, end use level of effort, costs and resources, and sustainability outlook. Across the four uses cases that Ms. Samarth presented, there are 18 proposed HIE projects. The Board was also asked to consider whether there should be additional projects. Ms. Samarth instructed Board members to use an interactive voting tool to rank HIE projects into 3 tiers: 1) must have; 2) should have; and 3) nice to have. Board members were also given the option of categorizing projects as “N/A” or low priority and therefore should not be considered for IAPD development.</p> <p>The Board grouped projects into the following categories:</p> <ol style="list-style-type: none"> 1. “Must Have” – projects of highest priority, critical to HIE success and should be prioritized for FY18/19 <ul style="list-style-type: none"> • TA support to achieve meaningful use transitions of care measure • Access to encounter summary data within patient population dashboard • Improve data quality of HIE data • Small and independent practice providers – EHR TA and HIE connectivity • Behavioral health providers – EHR TA and HIE connectivity • Fire/EMS providers – EHR TA and HIE connectivity • Pharmacy data/medication reconciliation • Public health registries /DOH connections (e.g. PDMP, rhapsody, clinical) 2. “Should Have” – projects support near-term needs and support longer-term goals, and should be considered for FY19/20 <ul style="list-style-type: none"> • Provider directory – master provider index • Long-term care providers – EHR TA and HIE connectivity • TA and connectivity support for standards based exchange of social determinants of health • Registries for management of patients with high-risk conditions • Advanced analytics tools to support ACO and VBP participation 3. “Nice to Have” – projects are important to achieve the value of Health IT and HIE, but are recommended for future IAPD development <ul style="list-style-type: none"> • Enhanced direct capability to support push-based exchange and providers without EHRs • TA to determine consensus for social determinants of health information capture within EHRs • Public health care reporting and surveillance <p>Board members were divided on the prioritization of community service provider HIE connectivity (nice to have/should have) and single sign-on and EHR integration to enhanced HIE tools (must have/nice to have).</p>
<p><u>Next Steps</u> [4:45 – 4:50 PM]</p>	<p>Dr. Holve notified the Board that staff is in the process of scheduling FY18 meetings and will send out a Doodle poll to schedule the meetings.</p> <p>Dr. Holve also notified the Board that she is working with staff to review Board composition to ensure that we have assembled a Board that represents stakeholders District-wide. She announced a Board vacancy for a provider</p>

	member. She also reminded the Board of the attendance requirement and the expectation that all should attend regularly scheduled quarterly meetings.
<u>Public Comment</u> [4:50 - 5:00 PM]	There were no comments from the public during the public comment portion of the meeting.
<u>Adjournment</u> [5:00 PM]	<p>Board Action: Motion was made by Dr. Holve to adjourn the meeting. The motion was seconded by Ms. Rein. The motion was passed unanimously.</p> <p>Dr. Holve adjourned the meeting at 5:01 PM.</p>